EIT Non-Accredited Degree APPLICATION & INSTRUCTIONS

Applicants for an EIT certificate who have a non-accredited degree, or a degree from outside the U.S. that has been evaluated to be non-equivalent must document one year of qualifying experience.

Please read all of the following instructions before completing the application. If you have questions concerning the application or these instructions please call 515/725-9021.

Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and lowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including lowa Code § 421.18.

- 1. APPLICATION FORM. Complete the entire form. Original application must be submitted. The experience page must be completed as instructed.
- 2. **TRANSCRIPTS.** You must have an **official transcript** from each college listed on your application **transmitted by the college registrar directly to the Board's office**. Transcripts from institutions outside the US and Canada must be evaluated for authenticity and ABET/EAC equivalency. The evaluation for such transcripts must be provided to the Board office directly from the evaluating vendor.
- 3. REFERENCES. You must submit at least one reference from a supervisor as listed on your experience record. All references must remain in the sealed and signed envelopes when submitted to the Board. Attach a copy of your experience record (Section 4 on the application form) to each reference form before distributing. References are to be returned to you in a sealed envelope with a signature across the seal. You should provide stamped self-addressed envelopes to your references. These are to remain sealed and are to be submitted by you along with this application.
- 4. CONFIDENTIALITY. Your application is a public record subject to public examination under lowa Code chapter 22. Parts of the application are confidential by law, including your social security number, college transcripts, e-mail, and examination scores. For more information, you may contact the Board office or consult the Bureau's fair information practices rules at 193 lowa Administrative Code Chapter 13.

MAKE COPIES FOR YOUR RECORDS BEFORE SUBMITTING TO THE BOARD.

Iowa Engineering and Land Surveying Examining Board
EIT CERTIFICATE APPLICATION (experience requirement)
200 E Grand, Suite 350 *Des Moines, IA 50309
515/725-9021

		1. GENERAL II	NFORMATIO	N			
Name (type or	r print)				Date o	of application	
Date of birth		State of legal residence					
		Home address - ☐ Prefer	red mailing addre	ess	Busines	s address - Pref	erred mailing address
		Street			Compar	ny Name	_
		City			Street _		_
		State		Zip	City		
		Phone			State _		Zip
					Phone		
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	2. ALL <i>F</i>	APPLICANTS MUST /	ANSWER IF	IE FOLI	.OWIN	G	
] YES □ NO	Have you ever been convicted of	a felony? If yes, attach a	complete exp	lanation.			
YES □NO	Have you ever been disciplined jurisdiction in which you have ever	by a board of examiners er been licensed/registered	in any jurisdic I? If yes, attac	tion in wh h a com p	ich you lete exp	are currently licer	nsed/registered or in an
]YES □NO	Have you taken the fundamentals	s of engineering examination	on?				
	Date passed	NCEES ID#					
		3. EDUC	CATION				
List in chronolo	n school graduate? YES No ogical order the name and location of the program taken and degree reads.	of each college, university,	or technical sch	nool atten	ded. Pro	ovide dates of atte	
graduation (ii a	inly) or program taken and degree is	scerved (ii airy). Hairie(3)	Years	Date		(i.e. maiden name)	Degree
	Name and Location of Institu	ution	From - To	Gradua	tion	Course	Received
Engineering E	Education						
Other College	e or University Work						
79	•						
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4. PROFESSIONAL EXPERIENCE

List below in chronological order all of your professional experience. Account for all time from receipt of degree to present. Attach additional sheets if necessary. All gaps in employment must be explained. In the right-hand column, indicate the total time spent in each engagement. Indicate division of total time into sub-professional and professional work in accordance with the definitions given at bottom of the next page.

DATE DATE FROM TO mm/yy mm/y		Assignment or Engagement	(Veare in	TIME Decimals to	Tenthe\
		Complete all information for each assignment or engagement. Description of work must accurately,		Professio nal	Total Time
		A. Position Title			
		B. Name and Address of Employer			
		C. Name and Title of Supervisor/Person to Whom You Reported			
		D. Was this individual a licensed professional engineer during this time period? (circle one) Y or N If no, you must submit a reference form and an unlicensed tutelage form			
		E. Description of Work			
		A. Position Title			
		B. Name and Address of Employer			
		C. Name and Title of Supervisor/Person to Whom You Reported			
		D. Was this individual a licensed professional engineer during this time period? (circle one) Y or N If no, you must submit a reference form and an unlicensed tutelage form			
		E. Description of Work			

SUB-PROFESSIONAL WORK includes the time spent in drafting, as an engineering technician or engineering assistant, inspector, or as a surveyor's assistant or similar work when working under direct supervision or on work where the personal responsibility and technical knowledge required are small, that is, minor positions in which the responsibility is slight and the individual performance of a task, set and supervised by a supervisor, is all that is required.

PROFESSIONAL WORK includes the time during which applicant was occupied in engineering or land surveying work of higher grade and responsibility than that above defined as sub-professional work. Time spent in teaching engineering subjects in a college or university at the level of assistant professor or higher may be listed as professional experience.

	5. AFFIDAVIT
STATE OF	THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED
COUNTY OF	-
I hereby swear (or affirm) that the foregoing information provided by	y me is true and correct.
If I am an examination applicant, my signature on the line below a pass the examination.	uthorizes release of my name on the list of passing candidates in the event that I
Subscribed before me this	
day of , ,	
	(Signature of Applicant)
My Commission expires	-
	(Signature of Notary Public)
Your application is valid for one year from the date it was new application along with the fee will need to be	otarized. If you need to register to retake the exam after the application e submitted.
	35.1(2). I have attached documentation to verify my status as a ran reciprocity provisions of 193 lowa Administrative Code 14.3.

**** NOTICE **** *THIS PAGE WILL NOT BE ADDED TO FILE OR PART OF PUBLIC RECORD*

7	CONCIDENTIAL	INICODMAITON
1.	CONFIDENTIAL	INFURWALION

Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42
U.S.C. § 666(a)(13), Iowa Code §§ 252J.8(1) and 261.126(1), and Iowa Code § 272D.8(1). The number will
be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of lowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.